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CONFIRMATION NO. 4352

<b>SERIAL NUMBER</b> 10/782,398	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 04-40081-US (879388.20001)
<b>APPLICANTS</b> Bruce K. Redding JR., Broomall, PA; <i>One PA</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/447,922 02/19/2003 and is a CIP of 09/939,435 08/24/2001 ABN and is a CIP of 09/939,506 08/24/2001 ABN and is a CIP of 09/939,507 08/24/2001 ABN and is a CIP of 10/345,825 01/16/2003 PAT 6,908,448 <i>yes PA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>No PA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/13/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>PA</i> Acknowledged <i>PA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 7066				
<b>TITLE</b> Ultrasonically enhanced saline treatment for burn damaged skin				
<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	